

Updated: March 19, 2020

EMS Management and Transport Considerations: COVID-19 (coronavirus)

If Dispatch notifies you of a potential coronavirus patient, conduct initial interview from six feet or greater, mask patient, and follow PPE recommendations.

1. If the patient exhibits symptoms of an acute febrile* and/or lower respiratory infection (fever, shortness of breath/difficulty breathing, cough):
 - a. Place a surgical mask on the patient **AND**
 - b. Inquire about travel and direct exposure history with the following questions:
 - i. Do you live in or have you recently traveled from an area with ongoing spread of coronavirus?
 - ii. In the past 14 days, have you come into close contact with a person that is suspected of having coronavirus or has been confirmed as having coronavirus?
2. If there is a history consistent with concern for potential COVID-19, initiate standard contact and airborne precautions and eye protection for EMS personnel.
 - a. **Standard Precautions:** perform hand hygiene, then put on clean, non-sterile gloves. Change gloves if they become torn or heavily soiled. Put on a clean disposable gown. Change the gown if it become soiled. If there are shortages of gowns, they should be prioritized for aerosol generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
 - b. **Eye protection:** put on eye protection (i.e., goggles, a disposable face shield that covers the front and side of the face)
 - c. **Airborne Precautions:** use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece-respirator.
 - i. Facemasks are an acceptable alternative if N95 respirator is not available. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. **When the N95 supply is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.**
3. Notify the receiving hospital (according to local protocol) of potential COVID-19 patient as soon as possible to allow for emergency department preparation.
4. Use caution with aerosol generating procedures.
5. Properly doff and dispose of PPE according to protocol.
6. Cleaning and disinfection using EPA registered disinfectants with known effectiveness against human coronavirus.
7. Waste management per policy for medical waste (red bag).

*Fever may not be present in some patients, may be subjective or confirmed.

**Close contact is defined as being within about 6 feet, or within the same room or care area, of a patient with confirmed COVID-19 without wearing PPE for a prolonged period; close contact can include

caring for, living with, visiting, sharing OR having direct contact with COVID-19 infected secretions (i.e., being coughed on).

Updated (March 2020) Coronavirus Disease 2019 (COVID-19) Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPS) for COVID-19 in the United States can be found on the CDC site: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

The list of affected areas may change over time and can be confirmed at the CDC site: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CDC's Cleaning and Disinfection Recommendations for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

EPA's List N: Disinfectants for Use Against SARS-CoV2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>